

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>10/6016888</i>
Substitute for Form PTO-875					

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus	=
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus	=
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

9-11-06

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total (37 CFR 1.16(c))	<i>16</i>	<i>Minus</i>	<i>28</i>	=	<i>—</i>
Independent (37 CFR 1.16(b))	<i>3</i>	<i>Minus</i>	<i>3</i>	=	<i>—</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

3507

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total (37 CFR 1.16(c))	<i>12</i>	<i>Minus</i>	<i>28</i>	=	<i>—</i>
Independent (37 CFR 1.16(b))	<i>3</i>	<i>Minus</i>	<i>3</i>	=	<i>—</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total (37 CFR 1.16(c))	<i>—</i>	<i>Minus</i>	<i>—</i>	=	<i>—</i>
Independent (37 CFR 1.16(b))	<i>—</i>	<i>Minus</i>	<i>—</i>	=	<i>—</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
X \$ _____ =	\$ _____	X \$ _____ =	\$ _____
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL		TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the number in Column 1 is less than the number in Column 2, enter zero.

** If the Highest Number Paid For is less than the number in Column 2, enter zero.

*** If the Highest Number Paid For is greater than the number in Column 2, enter zero.

The Highest Number Paid For is the highest number paid for in the claims filed in the application, including dependent claims.

The following table is provided for calculating the additional fee for filing multiple dependent claims. The table shows the additional fee for each dependent claim based on the highest number previously paid for in the application. The additional fee is calculated by multiplying the rate by the number of dependent claims. The total additional fee is the sum of the fees for all dependent claims.

Dependent Claims	Rate	Additional Fee
1	\$10.00	\$10.00
2	\$10.00	\$20.00
3	\$10.00	\$30.00
4	\$10.00	\$40.00
5	\$10.00	\$50.00
6	\$10.00	\$60.00
7	\$10.00	\$70.00
8	\$10.00	\$80.00
9	\$10.00	\$90.00
10	\$10.00	\$100.00
11	\$10.00	\$110.00
12	\$10.00	\$120.00
13	\$10.00	\$130.00
14	\$10.00	\$140.00
15	\$10.00	\$150.00
16	\$10.00	\$160.00
17	\$10.00	\$170.00
18	\$10.00	\$180.00
19	\$10.00	\$190.00
20	\$10.00	\$200.00